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General Assembly
Sixty-first session

Official Records

100th plenary meeting
Tuesday, 22 May 2007, 10 a.m.
New York

President: Ms. Al-Khalifa ..... (Bahrain)

The meeting was called to order at 10.20 a.m.

Agenda item 105 (*continued*)

Elections to fill vacancies in subsidiary organs and other elections

(d) Election of two members of the Organizational Committee of the Peacebuilding Commission

The President: Members will recall that, in accordance with paragraphs 4 (a) to (e) of General Assembly resolution 60/180, of 20 December 2005, the Organizational Committee of the Peacebuilding Commission shall comprise the following: seven members of the Security Council, including permanent members; seven members of the Economic and Social Council, elected from regional groups; five top providers of assessed contributions to United Nations budgets and of voluntary contributions to United Nations funds, programmes and agencies, including a standing peacebuilding fund; five top providers of military personnel and civilian police to United Nations missions; and seven additional members elected by the General Assembly, giving due consideration to representation from all regional groups in the overall composition of the Committee.

Members will also recall that, pursuant to resolution 60/261, of 8 May 2006, the General Assembly, noting the results of the elections and/or selections that had taken place at the sixtieth session, in accordance with paragraphs 4 (a) to (d) the General Assembly resolution 60/180 and Security Council resolution 1645 (2005), decided that the additional seven seats for election by the Assembly for membership in the Committee shall be distributed among the five regional groups, as follows: two seats for the African States; one seat for the Asian States; one seat for the Eastern European States; three seats for the Latin American and Caribbean States; and no seat for the Western European and other States.

Members will further recall that, at its 82nd plenary meeting, held on 16 May 2006, the General Assembly elected the following seven additional members of the Organizational Committee of the Peacebuilding Commission: Burundi and Egypt from among the African States; Fiji from among the Asian States; Croatia from among the Eastern European States; and Chile, El Salvador and Jamaica from among the Latin American and Caribbean States.

At the same meeting, by the drawing of lots, Croatia and Jamaica were chosen to serve for a one-year term of office, beginning on 23 June 2006 and expiring on 22 June 2007.

By resolution 60/261, the Assembly decided that the members of the Organizational Committee shall serve for renewable terms of two years, as applicable. Accordingly, Croatia and Jamaica are eligible for immediate re-election.

I should like to recall for members that during the current session, the following States have been elected and/or selected as members of the Committee in accordance with paragraphs 4 (a) to (d) of resolution 60/180, Security Council resolution 1645 (2005) and Economic and Social Council decisions 2006/201 E

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and 2007/201 A: Angola, Bangladesh, Brazil, Burundi, Chile, China, the Czech Republic, Egypt, El Salvador, Fiji, France, Germany, Ghana, Guinea-Bissau, India, Indonesia, Italy, Japan, Luxembourg, the Netherlands, Nigeria, Norway, Pakistan, Panama, the Russian Federation, Sri Lanka, South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America. Those 29 States, therefore, are not eligible in this election.

As a result of election and/or selection in the Security Council during the sixty-first session, there is an increase of one seat in the Group of Latin American and Caribbean States, that is, Panama, and a decrease of one seat in the Group of Western European and other States, that is, Denmark.

Notwithstanding those changes, it is my understanding that the distribution of the additional seven seats in the Assembly for membership in the Committee remains as was decided in resolution 60/261. Consequently, this election will be for one seat from among the Eastern European States and one seat from among the Latin American and Caribbean States.

The General Assembly will now proceed to the election of two members of the Organizational Committee of the Peacebuilding Commission.

Regarding candidatures for the two seats, I should like to inform members that, for the one seat from among the Eastern European States, the Group of Eastern European States has endorsed Georgia and that, for the one seat from among the Latin American and Caribbean States, the Group of Latin American and Caribbean States has endorsed Jamaica.

Members will recall that in resolution 60/261 the General Assembly decided that the rules of procedure and established practice of the Assembly for the election of members of its subsidiary bodies shall apply to its election of members of the Committee. For this election, rules 92 and 94 shall be applicable. Accordingly, the election shall be held by secret ballot and there shall be no nominations.

However, I should like to recall paragraph 16 of General Assembly decision 34/401, whereby the practice of dispensing with the secret ballot for elections to subsidiary organs when the number of candidates corresponds to the number of seats to be filled should become standard, unless a delegation specifically requests a vote on a given election.

In the absence of such a request, may I take it that the Assembly decides to proceed to the election on that basis?

It was so decided.

The President: Since the number of candidates endorsed by the Group of Eastern European States and the Group of Latin American and Caribbean States corresponds to the number of seats to be filled in each of the two groups, may I take it that, in the absence of objection, the General Assembly decides to elect Georgia and Jamaica as members of the Organizational Committee of the Peacebuilding Commission for a two-year term of office, beginning on 23 June 2007?

It was so decided.

The President: I congratulate Georgia and Jamaica on their election as members of the Organizational Committee of the Peacebuilding Commission.

The 31 members of the Organizational Committee of the Peacebuilding Commission are thus: Angola, Bangladesh, Brazil, Burundi, Chile, China, the Czech Republic, Egypt, El Salvador, Fiji, France, Georgia, Germany, Ghana, Guinea-Bissau, India, Indonesia, Italy, Jamaica, Japan, Luxembourg, the Netherlands, Nigeria, Norway, Pakistan, Panama, the Russian Federation, Sri Lanka, South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

This concludes our consideration of sub-item (d) of agenda item 105.

(b) Election of thirty members of the United Nations Commission on International Trade Law

The President: The 30 outgoing States members of the United Nations Commission on International Trade Law are: Argentina, Belgium, Benin, Brazil, Cameroon, Canada, Chile, China, Croatia, France, Germany, Japan, Jordan, Lithuania, Mexico, Morocco, Qatar, the Republic of Korea, the Russian Federation, Rwanda, Sierra Leone, Singapore, South Africa, Sri Lanka, Sweden, the former Yugoslav Republic of Macedonia, Tunisia, Turkey, the United Kingdom of Great Britain and Northern Ireland and Uruguay. Those Member States are eligible for immediate re-election.

I should like to remind members that, as of 25 June 2007, the following States will continue to be represented on the Commission: Algeria, Australia, Austria, Belarus, Colombia, the Czech Republic, Ecuador, Fiji, Gabon, Guatemala, India, the Islamic Republic of Iran, Israel, Italy, Kenya, Lebanon, Madagascar, Mongolia, Nigeria, Pakistan, Paraguay, Poland, Serbia, Spain, Switzerland, Thailand, Uganda, the United States of America, the Bolivarian Republic of Venezuela and Zimbabwe. Therefore, those 30 States are not eligible.

The General Assembly will now proceed to the election of 30 members to replace those members whose term of office will expire on 24 June 2007. In accordance with rule 92 of the rules of procedure, the election shall be held by secret ballot and there shall be no nominations.

However, I should like to recall paragraph 16 of General Assembly decision 34/401, whereby the practice of dispensing with the secret ballot for elections to subsidiary organs when the number of candidates corresponds to the number of seats to be filled should become standard, unless a delegation specifically requests a vote on a given election.

In the absence of such a request, may I take it that the Assembly decides to proceed to the election on the basis of dispensing with the secret ballot?

It was so decided.

The President: With regard to the candidatures, I should like to inform members of the following. For the seven seats from among the African States, there are seven candidates: Benin, Cameroon, Egypt, Morocco, Namibia, Senegal and South Africa. Other than South Africa, all the candidates have been endorsed by the Group of African States. For the seven seats from among the Asian States, the Group of Asian States has endorsed Bahrain, China, Japan, Malaysia, the Republic of Korea, Singapore and Sri Lanka. For the four seats from among the Eastern European States, the Group of Eastern European States has endorsed Armenia, Bulgaria, Latvia and the Russian Federation. For the five seats from among the Latin American and Caribbean States, the Group of Latin American and Caribbean States has endorsed Bolivia, Chile, El Salvador, Honduras and Mexico. For the seven seats from among the Western European and other States, the Group of Western European and other States has endorsed Canada, France, Germany, Greece, Malta, Norway and the United Kingdom of Great Britain and Northern Ireland.

Since the number of candidates of the five regional groups corresponds to the number of seats to be filled in each group, may I take it that the General Assembly wishes to declare those candidates elected for a six-year term beginning on 25 June 2007?

It was so decided.

The President: I congratulate the following States, which have been elected members of the United Nations Commission on International Trade Law for a six-year term beginning on 25 June 2007: Armenia, Bahrain, Benin, Bolivia, Bulgaria, Cameroon, Canada, Chile, China, Egypt, El Salvador, France, Germany, Greece, Honduras, Japan, Latvia, Malaysia, Malta, Mexico, Morocco, Namibia, Norway, the Republic of Korea, the Russian Federation, Senegal, Singapore, South Africa, Sri Lanka and the United Kingdom of Great Britain and Northern Ireland.

This concludes our consideration of sub-item (b) of agenda item 105 and of agenda item 105 as a whole.

Agenda item 46 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/61/816)

Draft decision (A/61/L.58)

Mr. Shalita (Rwanda): Madam President, we wish to commend you for convening these important and timely meetings to review our progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

We wish to take this opportunity to commend the Secretary-General for his comprehensive report (A/61/816), which clearly outlines the many challenges that we still face in fighting the HIV/AIDS pandemic. We welcome the recommendations contained in the report, and look forward to their implementation through a concerted, multisectoral effort among major stakeholders.

Rwanda fully aligns itself with the statement delivered yesterday by the Permanent Representative

of Tanzania on behalf of the African Group. We wish to make a few additional remarks.

It is clear that the HIV/AIDS pandemic is outstripping the global response. In 2006, there were more new infections and AIDS deaths than ever before. The challenges we face on the ground remain quite daunting. In sub-Saharan Africa, the hardest-hit region in the world, 72 per cent of adult and child deaths in 2006 were AIDS-related. Sub-Saharan Africa accounts for 63 per cent of people living with HIV/AIDS and 80 per cent of AIDS orphans, yet it lacks the health-care professionals and infrastructure to mount an effective response.

The feminization of the pandemic is a reality, particularly in Africa. In Rwanda, the rate of prevalence amongst women and girls is one and a half times greater than that amongst men and boys. The plight of women living with HIV/AIDS in Rwanda is doubly challenging, as many of them were raped and lost their partners, homes and livelihoods during the 1994 genocide. The special needs of such vulnerable groups should be recognized and action taken to support them. The gender element is therefore critical and must be addressed with the seriousness it deserves, including through the promotion of the rights of women.

As a result of progress made thus far with respect to universal access to treatment and care, as of December 2006, 2 million people were receiving antiretroviral therapy in low- and medium-income countries, and many now live productive lives in their communities. However, that represents only 28 per cent of the 7.1 million people who need this treatment. While this is a great and commendable improvement on previous years, we should remember and be humbled by the fact that last year 2.9 million people died of AIDS-related illnesses.

The new global objective of moving towards universal access to HIV prevention programmes, treatment, care and support by 2010 which was agreed when our leaders met here in New York last year is both commendable and achievable. But it can only be achieved by a dramatic scale-up of commitments both by developed countries providing the requisite resources to achieve this objective and by developing countries working diligently and proactively at the local and national levels to address the challenges of weak public health infrastructure and human resource constraints.

In Rwanda, the most difficult challenges to our response to HIV/AIDS and the scaling-up of our commitments are, first, securing long-term and predictable support from partners; secondly, the training and retaining of health-sector professionals; and thirdly, weak public health infrastructure.

One cannot overemphasize the importance of secure funding, highly skilled and motivated health-sector professionals and good public health infrastructure in combating the pandemic. The scaling-up of commitments must therefore include long-term and predictable funding, the intensification of training and education programmes for health sector workers and motivating them, as well as investing in public health infrastructure. The fact that 95 per cent of HIV/AIDS deaths are in developing countries is largely due to those three factors.

Capacity-building is also important to ensuring national ownership of prevention, treatment and care programmes. As several delegations correctly pointed out yesterday, national ownership ensures the long-term sustainability of those programmes. It also ensures that the programmes are allocated resources and correctly aligned and rooted in national plans and priorities.

Rwanda has already made progress in "knowing our epidemic" through mapping exercises, behavioural surveillance surveys and demographic and health surveys that have enabled us to identify populations most at risk of infection, such as truck drivers and other migrant workers. "Knowing our pandemic" has also meant knowing the effectiveness and capabilities of our response, given our limited resources. Prevention will continue to be at the centre of our response through public education programmes, condom distribution and prevention of mother-to-child transmission programmes.

"Knowing our epidemic" also entails recognizing the regional or subregional dimensions of the pandemic and launching multi-country responses. Rwanda is part of the Great Lakes Initiative on HIV/AIDS support project, which also includes Burundi, the Democratic Republic of the Congo, Kenya, Tanzania and Uganda. The project, which was launched in March 2006, aims to provide HIV/AIDS support to refugees and internally displaced persons, to facilitate health sector

collaboration and AIDS-related networks, and to support programme management and capacity development.

Next month, Rwanda will host the 2007 HIV/AIDS Implementers' Meeting sponsored by the United States President's Emergency Plan for AIDS Relief, the Global Fund, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund, the World Bank and the World Health Organization. The theme of the international Meeting is "Scaling-up through partnerships"; the Meeting will focus on lessons learned in building local capacity in prevention, treatment and care programmes, maintaining quality control, and coordination of efforts. The Meeting will facilitate an open dialogue about future directions of HIV/AIDS programmes, with a strong emphasis on the implementation and identification of critical barriers and best practices. We expect that it will greatly contribute to the body of knowledge and experience on that subject and thereby improve international responses.

Finally, the challenges before us are great. Let us commit ourselves to working together to scale up our response to the pandemic at the national, regional and international levels. We appeal to partner countries to increase long-term and predictable funding, as well as to assist in human resource development in the health sector and to help strengthen health care infrastructure in developing countries.

Ms. Halabi (Syrian Arab Republic) (*spoke in Arabic*): Limiting the spread of HIV/AIDS is an international, regional and national goal because the disease poses a serious threat to human society and its social and economic development. Not only has the HIV/AIDS pandemic killed people; it has also imposed a heavy burden on the world's nations. It is more than likely that its impact will be even greater in the future as the list of hard-hit countries continues to grow.

It will be difficult to predict with any certainty the spread of HIV/AIDS globally unless effective and serious steps are taken to educate people on the dangers of the disease and to persuade them to change their high-risk behaviour, as well as to find effective ways and means to prevent the further spread of HIV/AIDS, to discover new medicines, remedies or an effective vaccine, to facilitate access to them, and to harness the necessary financial and human resources to accomplish that task.

Despite the fact that the incidence of HIV/AIDS remains quite low in the Syrian Arab Republic, confronting the disease is one of the priorities of our millennium development plan. The State is making intense efforts in that area in accordance with the following considerations.

First, the Syrian Arab Republic is considered to have one of the world's lowest rates of HIV prevalence, since the number of cases identified between 1988 and 2006 is no more than 447. The estimated number of cases ranges between 1,000 and 1,500.

Second, Syria's political commitment to the struggle against HIV/AIDS is manifest through its support for all national efforts in that sphere and through its prioritizing of the prevention of the disease as one of the principal goals of its tenth millennium development plan.

Third, the national partnership created to fight HIV/AIDS is expressed in joint and collaborative efforts of the National Committee to Combat HIV/AIDS, whose members include representatives of governmental and non-governmental sectors. The Committee's work involves establishing national plans and policies.

Fourth, prevention is at the heart of the national plan to limit the spread of HIV/AIDS. That includes efforts to raise the level of awareness among Syrian citizens, young people in particular, and to expand the availability of voluntary HIV/AIDS testing and counselling to all who request it, and especially to those who engage in high-risk behaviour that exposes them egregiously to the danger of HIV infection. We highlight the fact that such services are provided free of charge and in respect for the principles of privacy, confidentiality, non-discrimination and non-stigmatization of those who request them.

Fifth, the national HIV/AIDS prevention plan includes primary health care programmes, including reproductive and sexual health, maternal and child health care, and anti-tuberculosis programmes.

Sixth, we have developed an information and outreach strategy as part of our national HIV/AIDS prevention plan. In support of the national plan, the strategy includes raising awareness and educational activities based on moral values and religious and cultural beliefs.

Seventh, our country is making every effort to ensure the safety of blood transfusions and its blood supply.

Eighth, our national prevention strategy includes harm reduction and counselling services, in particular for vulnerable groups engaging in risky and irresponsible behaviour.

Ninth, national and local AIDS legislation has been put in place in response to a presidential decree regarding legislation on contagious and infectious disease. We are currently developing a proposal to address the legal provisions regarding AIDS that clarifies the right of citizens to full information and knowledge about the disease. It will also cover voluntary testing and counselling about HIV/AIDS, as well as information about how to prevent infection. That effort will also entail confidentiality, non-discrimination and the avoidance of stigmatization for those who request services. Legal provisions have been made to ensure the right of patients to the full spectrum of social and medical attention without stigmatization or discrimination. Here it should be noted that the Ministry of Health provides free health care for all patients requiring it.

Finally, we are making use of available expertise to support our national plan through cooperation among the Ministry of Health, our national programme to combat AIDS and the Joint United Nations Programme on HIV/AIDS.

I wish to express the hope of the Syrian Arab Republic that international partners and donors will provide the necessary support for national plans to combat AIDS, in particular in developing countries, where efforts must be made to provide medicines. We must also work towards providing universal access to treatment in all States at affordable prices. In addition, we must support and encourage scientific research institutions in their work to find a cure or a vaccine to combat this serious disease.

Mr. Nguyen Tat Thanh (Viet Nam): My delegation would like to express its appreciation to you, Madam President, for convening those important meetings. We would also like to thank the Secretary-General for his comprehensive report (A/61/816) submitted under the agenda item we are addressing today.

As the report of the Secretary-General points out, HIV/AIDS is a notorious killer on the rise that is taking a greater toll every year. More effective measures must be undertaken urgently to stop the pandemic from becoming a true weapon of mass destruction. The proverb "an ounce of prevention is worth a pound of cure" rings particularly true in the fight against HIV/AIDS. My delegation therefore shares the consensus view that prevention should be the mainstay in the fight against HIV/AIDS. We are pleased to note that prevention tops the Secretary-General's recommendations.

It is true that prevention is not only about preventing the immediate risk of infection, but also about addressing the underlying conditions that facilitate transmission. Viet Nam is therefore doing its utmost in that respect — inter alia, by enacting legislation, adopting and implementing national plans and programmes and encouraging the participation of social organizations, communities and families in prevention activities.

Along with prevention measures such as changing behaviour, harm reduction interventions for injecting drug users and the promotion of condom use, which address high-risks groups, the role played by information, education, communication and peer education at the grass-roots level in addressing concrete issues of stigma and discrimination cannot be overemphasized.

In terms of setting and achieving national targets, Viet Nam is making every effort to implement its Vision 2020 strategy and the national strategy to prevent and combat HIV/AIDS, which runs through the year 2010. The overall objective is to maintain the prevalence of HIV/AIDS under 0.3 per cent by 2010, and thereafter to achieve a zero rate of increase and reduce the impact of HIV/AIDS on socio-economic development. The strategy sets forth concrete targets in the following areas: mainstreaming preventing and fighting HIV/AIDS as a priority target for all Government agencies and local governmental bodies; raising awareness about preventing HIV/AIDS among urban, rural and mountain-area populations; controlling transmission from high-risk groups through such intervention measures as providing information about safe injecting drug use and the use of condoms; ensuring that people living with HIV/AIDS receive adequate care and treatment; improving surveillance, monitoring and evaluation systems in all cities and provinces; and preventing transmission via medical services.

As a further step since the holding of the High-level Meeting last year, Viet Nam's National Assembly, on 29 June 2006, passed a law on preventing and combating HIV/AIDS. The law spells out the rights and responsibilities of individuals, Government agencies, social organizations, communities and families in the joint fight against the pandemic. It expressly and authoritatively prohibits stigma and discrimination against people living with HIV/AIDS and members of their families. The law also covers denial of employment or promotion on the basis of HIV/AIDS status. It also contains stipulations covering voluntary testing, confidentiality of test results, counselling services, access to antiretroviral medicines and other aspects of prevention, treatment, care and support. At present, efforts are being made by all Government agencies and among all social sectors to accelerate the implementation of the national strategy and the translation of the new law into various measures and activities on the ground.

As many other speakers who have taken the floor before me have pointed out, resources matter in the fight against HIV/AIDS. Therefore, while trying to increase our national budget to prevent and combat HIV/AIDS and cooperating with international donors and partners, Viet Nam is also exploring ways and means to mobilize, channel and utilize resources more effectively and efficiently. On 7 May 2007, the Prime Minister of Viet Nam signed a decision to establish a support fund for the treatment of people living with HIV/AIDS, which becomes effective as of today. The fund aims to provide support for the medical examination and treatment of people living with HIV/AIDS in special difficulties. In addition, the fund supports the costs of medical examination and treatment for people living with HIV/AIDS who are not covered by medical insurance. Spouses and children of people living with HIV/AIDS also receive support in meeting the costs of testing, counselling, care and treatment interventions. Its resources include initial funding from the State budget for functional purposes, funding from projects and programmes supported by the State budget and contributions from domestic and international donor agencies, organizations and individuals.

In conclusion, Viet Nam will continue to scale up all efforts necessary and sufficient to achieve its national targets, Millennium Development Goal 6 and commitments under the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

The President: I call on the observer of the Holy See.

Archbishop Migliore (Holy See): My delegation thanks you, Madam, for convening this important progress report meeting at which States can share the steps they have taken in their progress towards the goal of universal access to HIV prevention programmes, treatment, care and support by 2010. Their honest assessments and commitment to working together are surely a movement in the right direction in caring for all those affected by HIV/AIDS.

The detailed and comprehensive report of the Secretary-General lists the greatest challenges: caring for the 39.5 million people presently living with HIV; reducing the number of people dying annually from AIDS, which in 2006 was 2.9 million; preventing new infections, which currently run at some 4 million per year; and taking special care of young people, who accounted for 40 per cent of new infections last year.

While the numbers speak for themselves, they do not capture the whole story. The fact that only 2 million of the 7.1 million people needing antiretroviral drugs receive them represents a sorrowful ratio. The resources globally required for HIV are thought to be in the region of $18 billion and $22 billion for 2007 and 2008 respectively for low- or middle-income countries. Those apparently large numbers actually represent only $3 to $4 per person on the planet. In aggregate, the numbers seem overwhelming, but taken in their proper context, person by person, they are really only a fraction of what we as a world community can and should do. All of us must clearly step up our efforts.

That is why, for its part, the Holy See seizes this occasion to reaffirm its commitment to intensify its response to the disease through its ongoing support for a world-wide network of some 1,600 hospitals, 6,000 clinics and 12,000 initiatives of a charitable and social nature in developing countries.

The Secretary-General's report makes five recommendations and, given the time limitations, my delegation would briefly like to address two of them.

First, under the heading "Know your epidemic and intensify HIV prevention", my delegation believes that providing information and opportunities for an education respectful of naturally based values is essential both in the development of scientific advancement and for personal prevention. There can be no excuse for the fact that, 25 years into the epidemic, all people in all countries still do not have sound,

accurate and reliable information so as to educate themselves and live safer lives.

Secondly, under the heading "Report progress on international commitments", it appears that, in this house, we oftentimes speak of transparency and collaboration with regard to our respective commitments. My delegation encourages all States to be more forthcoming in providing accurate numbers with respect to monitoring and evaluation, however difficult that may be. A factual understanding as to where the world community stands on this matter will serve us well as we attempt to address all the problems associated with HIV/AIDS and to care for all.

The President: In accordance with General Assembly resolution 47/4 of 16 October 1992, I now call on the observer of the International Organization for Migration.

Ms. Strauss (International Organization for Migration): I thank you, Madam, for this opportunity to reflect on the HIV/AIDS debate from a migration perspective. United Nations estimates place the number of people living outside of their place of birth at almost 200 million, and half of those are women; but the number on the move, including refugees and internally displaced people, as well as seasonal workers and clandestine migrants, is much greater.

While HIV/AIDS and millions on the move internally and across borders are now both acknowledged as two of the great challenges of our times, the nexus of both is often still underestimated. We therefore welcome the Secretary-General's report on progress over the past 12 months and its recognition that, among others,

> "migrants are particularly vulnerable to HIV infection, and yet these groups often receive few HIV programming interventions dedicated to their specific needs. Insufficient funding or programming is directed at addressing gender inequality, stigma and discrimination and violence against women and girls, all of which increase their vulnerability to HIV infection and to the impact of AIDS" (*A/61/816, para. 34*).

Recognizing the vulnerabilities of people when they move within and across borders due to conflict or natural disasters or for economic reasons, if countries are to make progress in achieving Millennium Development Goal 6 of halving HIV, tuberculosis, malaria and other diseases, and to keep to the Declaration of Commitment on HIV adopted at the twenty-sixth special session, no nation can reach the targets without universal access to HIV prevention, treatment, care and support both for its own citizens and for people within its territory.

Today, with the support of several major global initiatives — including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, and others — a significant gap remains to be filled: access and continuity of services for populations on the move through communities of origin, transit, destination and return. Resources — human, health systems and financial — must be improved to address the determinants of health, including mental health and disease prevention, providing access to health services, ensuring protection of migrants by reducing all forms of discrimination and social exclusion, collaborating with multiple sectors, and integrating HIV prevention and AIDS treatment and care into humanitarian settings.

In particular, partnerships between Governments and organizations at the community, national and regional levels must be strengthened to improve access to prevention, treatment and care for all mobile populations, regardless of immigration or residence status. Such programmes must be funded, and the International Organization for Migration (IOM) joins civil society in stressing the importance of the Global Fund in reaching universal access by 2010 and in supporting the call for all technically sound Round 6 proposals to be fully funded in 2006. IOM also calls for increased attention to population mobility by country coordinating mechanisms.

The President: We have heard the last speaker on this item.

The Assembly will now take action on draft decision A/61/L.58, entitled "Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS".

May I take it that the Assembly wishes to adopt draft decision A/61/L.58?

Draft decision A/61/L.58 was adopted.

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 46?

It was so decided.

The meeting rose at 11.10 a.m.